EPI-LOG

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Laurie K. Stewart, MS, Editor (laurie.stewart@metrokc.gov)

Public Health
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
Epidemiology, Prevention Division
Wells Fargo Center
999 Third Avenue, Suite 900
Seattle, WA 98104-4039

Return Services Requested

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- **Prioritization of Influenza Vaccine: Recommendations of the Washington State Vaccine Advisory Committee**
- **Use of Antivirals for Treatment and Chemoprophylaxis of Influenza**
- **Current Status of Influenza Vaccine Supplies in King County**

Guidance on Influenza Vaccine Prioritization

On October 5, 2004, the Centers for Disease Control and Prevention (CDC), in coordination with its Advisory Committee for Immunization Practices (ACIP), issued interim recommendations for influenza vaccination during the 2004–05 season. On October 19, 2004, the Washington State Vaccine Advisory Committee (VAC) published interim guidance to assist healthcare providers in interpreting and implementing the CDC guidelines. Any or all of this guidance may be superseded by subsequent recommendations from the CDC/ACIP or the VAC. The entire VAC guidance document can be found at: http://www.metrokc.gov/health/providers/epidemiology/flualert-041019.htm . The following is a summary of the guidance document.

The priority groups for vaccination with inactivated influenza vaccine this season are considered to be of equal importance and are:

- All children aged 6–23 months;
- Adults aged 65 years and older;
- Children and adolescents, aged 2 to18 years, on long-term aspirin therapy;
- Pregnant women;
- Residents of nursing homes and long-term care facilities;
- Healthcare workers involved in direct patient care;
- Out-of-home caregivers and household contacts of children aged <6 months;
- Persons aged 2–64 years with underlying chronic medical conditions, including:
  - Chronic cardiac and pulmonary diseases, including asthma
  - Adults and children who required regular medical follow-up or hospitalization during the past year because of:
    - Chronic metabolic diseases including diabetes mellitus
    - Renal dysfunction (kidney diseases)
    - Hemoglobinopathies (blood disorders such as sickle cell anemia)
    - Immunosuppression (including immuno-suppression caused by medication or by HIV)

The following conditions alone do not constitute a priority condition for vaccination in persons aged 2–64 years: hypertension; uncomplicated valvular heart disease or arrhythmia; hypercholesterolemia; gout; arthritis; diabetes managed by diet, without medications or regular medical follow-up; past or current cancer without current immune system suppression or compromise (i.e., not on chemo-therapy); uncomplicated mild asthma not requiring regular medication; history of pneumonia without chronic pulmonary disease; history of sinusitis; history of otitis media; urinary tract or kidney infections.

Use of inactivated influenza vaccine in household members of persons with severe immune system dysfunction

The VAC considers it acceptable to use *inactivated influenza vaccine* this season in household members of persons with severe immune system dysfunction (such that they would not be expected to respond to vaccination themselves, i.e. marrow and stem cell transplant recipients). Because of the severely limited supply of inactivated influenza vaccine, it should not be given to household contacts of less severely immunosuppressed patients who are more likely to respond to influenza immunization themselves (such as oncology patients undergoing standard chemotherapy).

Use of Live Attenuated Influenza Vaccine (LAIV, FluMist®)

The VAC suggests that, when possible, intranasally administered live, attenuated influenza vaccine (FluMist®, which is licensed for healthy, non-pregnant persons aged 5-49 years) should be used preferentially in persons who are in a CDC priority group for vaccination because they are healthcare workers, are out-of-home caregivers or household contacts of children <6 months of age, or are household contacts of persons in a priority group for vaccination because of chronic underlying medical conditions.

FluMist® is not recommended for:

- Health care providers, of severely immuno-compromised patients (e.g., those who work in specialized patient-care areas with a positive air flow relative to the corridor), or
- Household members of persons with severe immune system dysfunction, i.e. marrow and stem cell trasnplant recipients.

What is the definition of "direct patient care"?

The CDC defines "direct patient care" as direct, hands-on, or face-to-face contact with patients as part of routine daily activities. This includes doctors, nurses, other health care workers, paramedics, and triage receptionists who are physically located in places such as emergency rooms and clinics where they have frequent face-to-face contact with patients. It might also include police or other persons (e.g., volunteers) who are working routinely in healthcare settings and have hands-on or face-to-face contact with patients, but does not include staff working primarily in office settings where patients are not present, even if the office is located in a hospital or clinic. It is important to remember that the

primary reason for vaccinating persons involved in "direct patient care" is to prevent transmission of influenza from such persons to those at high risk for complications from influenza.

The VAC suggests prioritizing for initial vaccination with influenza vaccine those healthcare workers who care primarily for patients at high-risk for severe influenza and who have frequent direct, hands-on, or face-to-face contact.

Antiviral Medications: CDC Interim Recommendations for the 2004-2005 Influenza Season

The CDC encourages the use of **amantadine or rimantadine for chemoprophylaxis** and use of **oseltamivir or zanamivir for treatment** as supplies allow, in part to minimize the development of amantadine resistance among circulating influenza viruses.

Influenza antiviral treatment is recommended for 1) any person experiencing a potentially life-threatening influenza-related illness, and 2) any person at high risk for serious complications of influenza and who is within the first 2 days of illness onset (Pregnant women should consult their primary provider regarding use of influenza antiviral medications).

Chemoprophylaxis is recommended in the event of an institutional outbreak. CDC does not recommend the use of influenza antiviral medications for chemoprophylaxis of non-high risk persons in the community if the supplies of both influenza vaccine and influenza antiviral medications are not sufficient to meet demand. Antiviral medications can be *considered* in other situations when the available supply of such medications is locally adequate.

Please see the complete CDC guidelines and recommendations for influenza antiviral use at: http://www.cdc.gov/flu/professionals/treatment/

Current Status of Influenza Vaccine Supplies in King County

Based on information from CDC, Public Health anticipates that, over the coming weeks, additional influenza vaccine will be made available nationally directly from Aventis, however, CDC is not able to provide details regarding the amount of vaccine expected in King County at this time. A recent survey of the vaccine stocks of hospitals, long term care facilities, and clinics in King County has allowed Public Health to create an inventory of vaccine needs in King County. This information will be reported to the CDC.

At this time, the Public Health-Seattle & King County "Vaccines for Children" Program, or VFC, has received approximately half of the flu vaccine it had ordered, and these doses have been distributed to participating providers. This order included only inactivated influenza vaccine packaged in pre-filled syringes (0.25 ml), which is the dose recommended for children age 6 to 35 months of age. This vaccine is to be used only for high risk children in this age range, including all children age 6 to 23 months of age, and children aged 24 to 35 months with high risk medical conditions, or who are household contacts of infants under six months of age. The VFC program expects to be able to meet the demand for pre-filled 0.25 ml syringes this season. However, vaccine for high risk children age 3 to 18 years, who require a 0.5 ml dose of flu vaccine, is currently in short supply. At this time, the VFC program does not have sufficient flu vaccine in multi-dose vials to fill orders as submitted. More vaccine is expected, but the VFC is still waiting for information from CDC as to how many doses will be distributed to Washington State and King County.

Disease Reporting

AIDS/HIV ..... (206) 296-4645
STDs..... (206) 731-3954
TB ..... (206) 731-4579
All Other Notifiable Communicable Diseases (24 hours a day) .... (206) 296-4774
Automated reporting line for conditions not immediately notifiable ..... (206) 296-4782

Hotlines

Communicable Disease ..... (206) 296-4949
HIV/STD ..... (206) 205-STDS

Online Resources

Public Health Home Page: www.metrokc.gov/health/
The *EPI-LOG*: www.metrokc.gov/health/providers
Subscribe to the Public Health Communicable Disease listserv (PHSKC INFO-X) at:
http://mailman.u.washington.edu/mailman/listinfo/phskc-info-x

Reported Cases of Selected Diseases, Seattle & King County 2004

	Cases Reported in September		Cases Reported Through September	
	2004	2003	2004	2003
Campylobacteriosis	22	30	200	196
Cryptosporidiosis	6	2	26	33
Chlamydial infections	558	444	4038	3758
Enterohemorrhagic *E. coli* (non-O157)	0	0	0	0
***E. coli* O157: H7**	7	14	34	33
Giardiasis	10	15	91	90
Gonorrhea	150	110	895	1026
***Haemophilus influenzae* (cases <6 years of age)**	0	0	2	2
Hepatitis A	3	3	9	21
Hepatitis B (acute)	0	7	16	27
Hepatitis B (chronic)	50	31	464	416
Hepatitis C (acute)	0	1	8	8
Hepatitis C (chronic, confirmed/probable)	62	45	888	691
Hepatitis C (chronic, possible)	23	15	263	170
Herpes, genital (primary)	65	44	554	470
HIV and AIDS (includes only AIDS cases not previously reported as HIV)	33	60	322	348
Measles	0	0	6	0
Meningococcal Disease	3	0	14	4
Mumps	0	0	1	0
Pertussis	28	40	177	206
Rubella	0	0	0	0
Rubella, congenital	0	0	0	0
Salmonellosis	27	27	187	180
Shigellosis	8	5	52	79
Syphilis	31	9	116	66
Syphilis, congenital	0	0	0	0
Syphilis, late	6	5	48	34
Tuberculosis	11	13	99	121

The *Epi-Log* is available in alternate formats upon request.